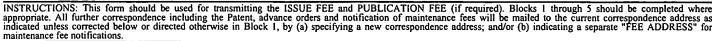
## PART B - FEE(S) TRANSMITTAL



Complete and sond this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

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MILES & STOC					ertificate of Mailing or Tran		
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				_		(Signature)	
						(Date)	
APPLICATION NO.	FILING DATE	FIRST NAMED INVI		VENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/688,360	10/12/2000	Kazuo Aisak		aka	XA-9375	5849	
·	ACHE MEMORY ALLOC	ATION METHOD				2011	
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APPLN. TYPE	SMALL ENTITY	ISSUE FI	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO \$140			\$0	\$1400	11/29/2005	
EXAMINER		ART UNIT		CLASS-SUBCLASS	LASS-SUBCLASS	•	
LI, ZHUO H		2189		711-118000			
	e address or indication of "F			on the patent front page,			
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.			or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
. ASSIGNEE NAME AND	RESIDENCE DATA TO E	E PRINTED ON T	HE PATENT (pr	rint or type)			
		elow, no assignee of this form is NOT	data will appear Ta substitute for	on the patent. If an assignment.	gnee is identified below, the colors	locument has been filed for 1 09688360	
(A) NAME OF ASSIGNEE			(B) RESIDENCE: (CITY and STATE OR CO			1400.00 OP	
Hitachi, Ltd.			Tokyo, Japan 02 FC			3.00 OP	
lease check the appropriate	assignee category or catego	ries (will not be pri	nted on the paten	it): 🗖 Individual 🔯	Corporation or other private gr	oup entity Government	
a. The following fee(s) are	enclosed:	4b	Payment of Fee	, ,	**************************************		
Issue Fee				e amount of the fee(s) is			
			Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number				
Publication Fee (No s	1		The Director	is hereby authorized by	charge the required fee(s), or	credit any overpayment, to	
Publication Fee (No s	Copies 1	<del></del>	Deposit Account	Number50-116	5 (enclose an extra contraction)	opy of this form).	
Advance Order - # of Change in Entity Status	(from status indicated above	:)	Deposit Account	Number50-116	5 (enclose an extra c	opy of this form).	
Advance Order - # of  Change in Entity Status  a. Applicant claims Si	(from status indicated above	e) 37 CFR 1.27.	b. Applicant	is no longer claiming SM	ALL ENTITY status. See 37 C	FR 1.27(g)(2).	
Advance Order - # of  Change in Entity Status  a. Applicant claims St	(from status indicated above	e) 37 CFR 1.27.	b. Applicant	is no longer claiming SM		FR 1.27(g)(2).	
Advance Order - # of  Change in Entity Status  a. Applicant claims Si	(from status indicated above	e) 37 CFR 1.27.	b. Applicant	is no longer claiming SM.  or to re-apply any previou  er than the applicant; a re	ALL ENTITY status. See 37 C	FR 1.27(g)(2).	

submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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C.